DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)	· +++		m.#170.65
Parbs for Treasurer Comi	nittee	Index	
IMPORTANT: Indicate type of committee you are reporting for:	Audit		
	Com	puter	
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/ (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Com (8) Support State of Candidates			
SIGNATURE OF TREASURER (or person filing this report)	TELEPHONE		DATE SIGNED
		- 3 n	
Routine Penalties Due For Late Filed R	Reports Range fr	om \$20 t	o \$800
OFF INOTOLIOTIONS ON DAOIS AND COMES FOR THE TOUR	MINIO OFFITTION	j,	JAN
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLO	WING SENTENCE:		6 2003
I AM FILING A January 19, 2003 REPORT	T FOR AN/A (1) ELEC	TION /(2)	NON-ELECTION YEAR.
(report date)		cate one	Z manage management
			
CHECK IF AMENDMENT TO REPORT DATED	L	•	ittees, enter Date of Election
			05-02 cal Committees, enter County in
Check if this is final (termination) report and attach Notice of Dissolution (You must continue to file reports until a Notice of Dissolution is	ion i onn dix-3.	hich Electio	
(_	Bei	nTon
CASH ON HAND at the beginning of the reporting period. (This is the to of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)	∋ d,		22.20 982.00
Schedule H: Total Sales of Campaign Property (Attach Schedu	ile H)	······	
(Schedule H applies to Candidates' Committees Or	ıly)	•	, .
	SUB-TOTA	L\$	1004.20
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		_	011.0
Schedule B: Expenditures total (Attach Schedule B)			911.18
Schedule F: Loan Repayments total (Attach Schedule F)		<u> </u>	93.02
CASH ON HAND at the end of this reporting period (if final report, baland be zero) (Attach DR-3)		\$	
HAIDAID DILLO (France Calcadada D. Att. J. O. J. J. C.			12
UNPAID BILLS (From Schedule D - Attach Schedule D)		· —	10.0.11
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)			1719.46
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		\$	<u></u>
CANDIDATE COMMITTEES ONLY:			. /
CONSULTANT BREAKDOWN (Schedule G Attached?)			YESNO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedu	ıle H)	\$	()

FORM
DR-2

(Rev. 01/98)

REPORT

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	COMMITTEE NAME (Must be same as on Statement of Organization)		
4	COMMITTEE NAME (Must be same as on Statement of Organization) Tarbs For Treasurer Commit	tee	>

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/02	ID# CK#	Barbara Parbs 3375 57th ST. Lane Center Point, Ia 52213	mother- in-Law	\$100.00	
10/15/02	ID# CK#	Steve Lucas W, 1401 B. AVE Vinton Iowa 52349		50.00	
10/21/02	ID# CK#	Fundraiser far s Spag Supper	•	382.00	
10/1/02	ID# CK#	Harren Richart 3/38 56th St. Jr Center Point, Ja 522/3		20.00	
10/21/02	ID# CK#	Norman Sackett 3065 560 St. Tr. Center Point, Sa 522/3		25.00	
19/1/02	ID# CK#	Rusemary Schwarty 306 2 nd St, Mt. auburn, lowa 52313		50.00	
10/1/02	ID# CK#	Douglas Goodell 105, N. Union AUL Urbana, Lowa 52345	•	30.00	
10/1	ID# CK#	Marion Lamphile Box 43/ Ubana Lowars 2345		25.00	
10/21/02	ID# CK#	Dave Kirchner 102 E. 9th St. Vinton, Cowa 52349		50.00	
10/21/02	ID# CK#	Richard Schoonover	CUR TOTAL	50,00	

SUB-TOTAL

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____

For Instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 06/97) MONETARY RECEIPTS	
COMMITTEE NAME (Must be same as on Statement of Organization) Tarbs for reasurer Committee	_	CK THIS BOX IF NDING FÖRM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10//	ID#	Sandra Hamilton		\$	
121/02	CK#	Venton, Sowa 52349		\$100.00	
10/1	ID#	Sally Sonald		_	
125/02	CK#	Van Horne, Gwa 52346		50.00	
11/ /	ID#	Hawkeye Labor Council	•	_	
120/02	ck# 1003	Cedar Rapids, Jewa 52404	/	50.00	
	ID#	/ /			
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL		

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 982,00

Page _____ of ____

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

COMMITTEE	NAME (Must be	same as on Statement of Organization)	,	
Harb.	s for	Treasurer Comi	nittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/2	ID# CK#	Sams Club ferryld 2605 Blairs Ferryld Cedar Rapids In 52400	Spag Supper Supplies	\$31.70
10/18/02	ID#	Wonder Break 937 Blairs Ferry Rd Marion Jour	Spag Supper Breads	18.50
10/19/02	ID# CK#	St. Mario Church Dan Bobes Hall 402 Cish Alle 402 Cish Alle 402 Cish Alle	Son Bosco Hall rent for Spag	75.00
10/1/02	ID# CK#	Vinton Sivewise 108. E. 5th St. Venton Java 53349	Newspaper ad	169.60
10/ /	ID#	The Belle Plaine Unit 832 12th St Belle Plaine Sa 5220	a Newspaper	340,30
10/ /	ID# CK#	Benton County Remains 3241 5/11 St. St. Starker Jan 53352	rats Past Cards for Candidates	94,25
10/23/02	ID# CK#	Office Max 1327 Callins Ld NE Cedar Rapels, Swa 534	Handout 4 Siteture	63.60
10/29/12	ID# CK#	Office May 527 Collins Rd NE Cedar Rapids La 524	Handout Sititude	33,73
		, ,	SUB-TOTAL	\$ 832,58
			TOTAL (if last page of this schedule)	S

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

Page	 of	2
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME (Must be s	same as on Statement of Organization)	,	
Harb	s for	Treasurer Co	mmittee	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/15/02	ID# CK#	Vinton Livewire 108. E. 5th St Venton, lava 52349	Hewspaper ad	\$ 45.60
11/15/12	ID# CK#	The Belle Plaine Una 832 12th St Belle Plaine Jours	in Newspaper	33.00
	ID# CK#			
	ID# CK#			
	ID#			
	ID# CK#			
	ID# CK#		•	
	ID# CK#	_		
·			SUB-TOTAL TOTAL (if fact page of this cohodula)	\$ 78.60

TOTAL (if last page of this schedule

\$911.18

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

	~		$\overline{}$
Page	\sim	of	\sim

COD	INSTRUCTIONS	SEE BACK O	F FORM

Parks for Treasurer Committee	COMMITTEE NAME (Must be same as on Statement of Organization)								
	1	Parks	for -	Treasurer	Committee	ノ			

SCHEDULE E	IN KIND
(Rev. 06/97)	CONTRIBUTIONS
	C THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
19/18/02	Dewey & Justine Box 294 Urbana, Jowa 52345	Brother Sister- In-Law	Spag. Sauce	s 54.60	
10/18/02	Brenda Tjaden 5593 32 nd Ale Center Point, Fasaai	7	Ground Belf 1.49lb	44.70	
10/18/02	Robert Smith Ave 205 6. Jefferson Ave Urbana, Iowa 52345		Green Blans 3.45 gil	13.80	V
10/ /	Ron Parbs 3345 57th St. Lane Center Point Ta 52213	Husband	2 Wooden Signs	20.00	
10/27/02	Ron Parbs 3345-57 Th ST. Lane Center Point, Faszal3	Husband	Postage	624.38	
13/1/02	SHelley Parbs 3345 5755T. Lane Center Point, Ja 52213	Self	Joans Forgiven	1161.98	
				•	
		•	SUB-TOTAL	\$ 1010111	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

TOTAL (if last page of this schedule)

(for Schedule E)

COMMITTEE N Tarb	NAME(Must be same as on Statement of Organ S TOY CAS UY Chedule reports money loaned to the committee D LOANS FROM LAST REPORTING PERIOD	CEY OM which is deposited in the					(1,001,00,00)	LOANS RECEIVED & REPAID IS BOX IF FORM
(Orig	ETARY LOANS RECEIVED <u>THIS</u> REPORTING inal source of loan, such as a bank, must be sh ved. Include loans from candidate's personal fu	own if a third party is		PART II - MC	ONETARY LOAN REPA ans forgiven must be n	AYMENTS MADE <u>THIS</u> eported on Schedule E -	REPORTING PERI - In-kind Contributio	OD ns.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	(Include Endorser's	RESS OF LENDER S Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	
			\$		SHelley 334551 Center	Parbs POINT, Iou 532/3	Self	93.02
	TOTAL (PART I)	\$ 125	5.00	TOTAL O	From Schedule E T	SH REPAYMENTS (PA OTAL LOANS FORGIV S END OF REPORT PE	'EN \$∠	93.02 1161,98 0
making a contril consanguinity (t packet.) If surn	requires candidate committees to disclose the bution to the committee. Relationship must be blood relatives) and affinity (relatives by marriag ame of contributor is the same as candidate, buter "not applicable" in the relationship column wi	shown to the third degrale). (See Page 2 of for ut there is no familial	ree of	IOIALO	STAINING LOAN	Page_	of	. /

(for Schedule F)